Fill in this info	ormation to identify	your case:							
	Jemela Ruby Da	niels							
Debtor 1	First Name		Last Name						
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name						
United States Ba	ankruptcy Court for the:	Eastern District of New Yor	k						
Case number			,		Check if this is:	:			
(If known)					An amende	ed filing			
						ent showing postp			
Official For	m 106l					of the following da	ite:		
		ır Income			MM / DD / Y	YYY			
						4	12/15		
supplying correlifyou are sepa separate sheet	ect information. If yo rated and your spou	ssible. If two married peopulare married and not filing with you, do top of any additional page	ng jointly, and you o not include info	ur spòuse is livormation abou	ving with you, ir t your spouse. I	nclud <mark>e info</mark> rmation If more space is ne	about you <mark>r s</mark> pouse. eded, attach a		
4 Fill in value	ample, ment								
Fill in your employment information.			Debtor 1			Debtor 2 or non-filing spouse			
	more than one job, parate page with								
information	about additional	Employment status	Employed Not employed			Employed Not employed			
employers.	rt-time, seasonal, or		■ Not employe	s u		Not employed			
self-employe		Occupation	Patient Access Supervisor						
		Occupation	New York Presbyterian Hospital						
		Employer's name							
			622 West 168th Street						
		Employer's address	Number Street			Number Street			
			_,*C'						
			1						
			New York, I	NY 10032					
			City	State ZIP Co	de Cit	у	State ZIP Code		
		How long employed ther	e? 15 Years						
Part 2: G	iive Details About	Monthly Income							
	onthly income as of ss you are separated.	the date you file this form	. If you have nothi	ng to report for	any line, write \$0) in the space. Inclu	de your non-filing		
		ve more than one employer tach a separate sheet to this		rmation for all e	mployers for tha	t person on the lines	6		
below. II you	i need more space, at	lacii a separate sheet to thi	5 101111.	Far D	ahtan 4 F	au Dahtau 2 au			
				For D		or Debtor 2 or on-filing spouse			
		ary, and commissions (bef calculate what the monthly		2. <u>\$_4,9</u>	926.87	\$			
3. Estimate a	nd list monthly over	time pay.		3. +\$	0.00 +	\$			
4. Calculate gross income. Add line 2 + line 3.				4. \$_4,9	926.87	\$			

Official Form 106l Schedule I: Your Income page 1

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Debtor 1

Jemela Ruby Daniels

Debtor	1 Jeffield Ruby Daffiels First Name Middle Name Last Name	Case number (if known)							
			F	For Debtor 1		For Debtor 2 or non-filing spouse			
Co	ppy line 4 here=	→ 4		4,926.87		\$			
	et all payroll deductions:					,			
5	a. Tax, Medicare, and Social Security deductions	5a.	9	770.38		\$			
	b. Mandatory contributions for retirement plans	5b.	9	0.00		\$			
	c. Voluntary contributions for retirement plans	5c.	9	0.00		\$			
5	d. Required repayments of retirement fund loans	5d.	5	0.00		\$			
5	e. Insurance	5e.	5	253.63		\$			
5	f. Domestic support obligations	5f.	5	0.00		\$			
5	g. Union dues	5g.	9	0.00		\$			
	h. Other deductions. Specify: Transportation and parking	5h.	+ 9	290.33		+ \$			
	, <u>, , , , , , , , , , , , , , , , , , </u>		\$	0.00		\$			
_			9	0.00		\$			
_	Supplemental Life		9	24.27		\$			
6. A	.dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	1,338.61		\$			
7. C	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	3,588.26		\$			
	st all other income regularly received:								
8	a. Net income from rental property and from operating a business, profession, or farm								
	Attach a statement for each property and business showing gross								
	receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	9	0.00		\$			
8	b. Interest and dividends	8b.	9	0.00		\$			
8	c. Family support payments that you, a non-filing spouse, or a depende	ent				,			
	regularly receive			000.00					
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	9	600.00		\$			
8	d. Unemployment compensation	8d.	9	0.00		\$			
8	e. Social Security	8e.	\$	0.00		\$			
8	f. Other government assistan <mark>ce that you</mark> regula <mark>rly receive</mark>								
	Include cash assistance and the value (if known) of any non-cash assistar that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	nce							
	Specify:	8f.	9	0.00		\$			
8	g. Pension or retirement income	8g.	5	0.00		\$			
8	th. Other monthly income. Specify:	8h.	+9	0.00		+\$			
	dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.		600.00	1	¢			
9. A	du an other income. Add lines oa + ob + oc + ou + oe + oi +og + on.	9.	Ľ)		Φ	_		
	alculate monthly income. Add line 7 + line 9. dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		4,188.26	+	\$ =	\$	4,188.26	
11. S t	ate all other regular contributions to the expenses that you list in <i>Sche</i> e	dule .	 J.						
	clude contributions from an unmarried partner, members of your household, ends or relatives.	your d	lepe	ndents, your roo	omm	nates, and other			
	o not include any amounts already included in lines 2-10 or amounts that are pecify:	not a	vaila	ble to pay expe	nse	s listed in <i>Schedule J</i> . 11. +	\$	0.00	
12. A (dd the amount in the last column of line 10 to the amount in line 11. The	e resul	t is t	he combined m	onth	nly income.		4 100 00	
	rite that amount on the Summary of Your Assets and Liabilities and Certain S					•	Ψ	4,188.26	_
								nbined nthly income	ə
	o you expect an increase or decrease within the year after you file this No.	form?	?				•1	,	
	Yes. Explain:								